

T010000000060

R.D. Lake

Requestor's Name

3797 mitzi way

Address

Tallahassee, FL 3

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

400003536724--8
-01/16/01--01010--001
*****87.50 *****87.50

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

01 JAN 12 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other
Name Availability	

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Examiner Annual Report DCC
<input type="checkbox"/>	Updater Fictitious Name DCC
<input type="checkbox"/>	Ubo Name Reservation DCC
<input type="checkbox"/>	erfyer DCC
<input type="checkbox"/>	cknowledgement DCC
<input type="checkbox"/>	W. P. Verifier DCC

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

C. TAX _____
FILING 87.50
R. AGENT FEE _____
C. COPY _____
TODAY _____
N. ENTRY _____
BALANCE DUE _____
REFUND _____

T010000000060

Examiner's Initials	
---------------------	--

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

R.D. LAKE
3797 MITZI WAY
TALLAHASSEE
(850) 668 1621
Daytime Telephone number

PART I

1. (a) Applicant's name: SAME AS ABOVE

(b) Applicant's business address:

City/State/Zip

(c) Applicant's telephone number: ()

☒ Individual

☐ Corporation

☐ Joint Venture

☐ Other:

☐ General Partnership

☐ Limited Partnership

☐ Union

If other than an individual,

(1) Florida registration number: (2) Domicile State:

(3) Federal Employer Identification Number:

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

N/A

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

APPLIANCE SUPPORT BASE (BOX - WITH OR WITHOUT DRAWER)
USED TO ELEVATE HOUSEHOLD DRYER/WASHER RAISING IT OFF
THE FLOOR FOR CONVENIENCE.

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

ADVERTISEMENTS, INTERNET, DECALS, ALL FORMS FOR
MARKETING

(Continued)

d) The class(es) in which goods or services fall:

20

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: July 15, 1993 (b) Date first used in Florida: July 15, 1993

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

"HIGHER DRYER"

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "DRYER" APART FROM THE MARK AS SHOWN

I, RUSSELL D. LAKE, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Russell D. Lake

Typed or printed name of applicant

RUSSELL D. LAKE

Applicant's signature or authorized person's signature
(List name and title)

STATE OF

Florida

COUNTY OF

Leon

On this 12th day of January, 2001, Russell D. LAKE personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of FL Drivers Lic #

L200-724-S1-406-0

(Seal)

Judy Eure

Notary Public Signature

Judy Eure

Notary's Printed Name



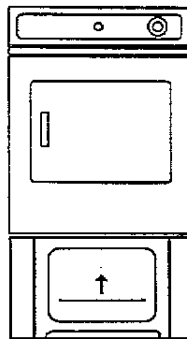
Judy Eure
MY COMMISSION # CC702549 EXPIRES
January 26, 2002
BONDED THRU TROY FAIR INSURANCE, INC.

My Commission Expires: 1-26-2002

FEE: \$87.50 per class

RTM Enterprises, Inc.

H
I
G
H
E
R



D
R
Y
E
R

PMB 344
1400-3 Village Square Blvd.
Tallahassee, FL 32312
850-668-1621 Fax 850-668-5989

R.D. Lake